Public Service Commission of South Carolina 101 Executive Center Dr., Suite 100 2009-373-C Columbia, SC 29210

Complaint Form



218878 Phone: 803-896-5100 Fax: 803-896-5199 www.psc.sc.gov

Print

Date: 831 09 Complaint Form FOEIVE Print
Complainant or Legal Representative Information: * Required Fields
Name* Bosa Lee Thomas
Firm (if applicable)
Mailing Address * 1202 Coach 'Rd
City, State Zip* HONY HIN SC 29059 Phone* 803-159-0312 E-mail*
Name of Utility Involved in Complaint: * Universal Telecon, Inc
Type of Complaint (check appropriate box below.) *
Billing Error/Adjustments Deposits and Credit Establishment Wrong Rate Refusal to Connect Service
Disconnection of Service Payment Arrangements Water Quality Line Extension Issue
Service Issue Meter Issue
Other (be specific)
Have you contacted the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact: Down Lepp
Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)
Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.) Universal Telecom accepted payment for Services from Avaust 4- Sept 4 knowing that services Would be disconnected. Universal did not pay their lease agreement with Embarg. My services were disconnected on flyoust 12 a letter was not received from the company until Avaust 21. Ipaid \$55.00 for my services on phone number \$034963021. Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)
Tom asking that it am refunded my money for
I am asking that I am refunded my money for by bill. I am not able to transfer my phone company without the money.
STATE OF SOUTH CAROLINA COUNTY OF Processed By Date VERIFICATION Internal Use Only Verify that I have read my complaint filed on 8-31-09
Complainant's Name * and know the contents thereof, and that said contents are true. Complainant's Signature * Page 1 of 1